



FORM
ORG
(Rev. 5/2013)



HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February

☒ March 1 - April 30 ☐ May 1 - June 30 ☐ July 1 - August 31 ☐ September 1 - October 31 ☐ November 1 - December 31

STATE OF HAWAII

STATE ETHICS COMMISSION

ORGANIZATION INFORMATION

Hawaii Construction Alliance

Organization Name

PO Box 179441

Tyler F. Dos Santos-Tam

Contact Person

Mailing Address (Number and Street or P.O. Box)

Honolulu

HI

96817

City

State

Zip Code

(808) 348-8885

execdir@hawaiiconstructionalliance.org

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

	Total Amount
1 Preparation & Distribution of Lobbying Materials	1 0.00
2 Media Advertising	2 0.00
3 Postage	3 0.00
4 Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) <i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
Lobbyist Name	Compensation Paid
A. Tyler F. Dos Santos-Tam	A. 1,728.66
B. _____	B. _____
C. _____	C. _____
D. _____	D. _____
E. _____	E. _____
F. _____	F. _____
G. Total from Additional Attached Sheet(s)	G. _____
Add lines A through G	Total Compensation Paid ► 4 1,728.66
5 Fees Paid to Consultants (other than to Lobbyists)	5 0.00
6 Entertainment & Events	6 0.00
7 Receptions, Meals, Food & Beverages	7 0.00
8 Gifts	8 0.00
9 Loans	9 0.00
10 Other Disbursements	10 0.00
Add lines 1 through 10	Total Expenditures ► 1,728.66

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures.

Name & Address	Amount or Value
None.	

☐ Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures.

Name & Address	Amount or Value
None.	

☐ Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution.

Name & Address	Amount or Value
None.	

☐ Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other (indicate below): |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

AUTHORIZED PERSON

Tyler F. Dos Santos-Tam	Executive Director	5/14/2013
Print Name of Authorized Person (First M.I. Last)	Title	Date (m/d/yyyy)

☒ **CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.